

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/							51					
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48								98					
49								99					
50								100					
Total Indep								Total Indep					
Total Depend								Total Depend					
Total Claims								Total Claims					

BEST AVAILABLE COPY